

## BOILER EXAMINATION APPLICATION

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
**BOARD OF BOILERS & PRESSURE VESSELS**  
35 STATE HOUSE STATION  
AUGUSTA, ME 04333  
TEL: (207)624-8606 FAX: (207)624-8636  
HEARING IMPAIRED: 1-888-577-6690

Revised: 10/2005

Office Use Only

Lic. #: \_\_\_\_\_

Auth: \_\_\_\_\_

Cash #: \_\_\_\_\_

**4520-1446 \$ 25.00**

### APPLICATION

**IMPORTANT:** You must submit and mail **ALL MATERIALS** to the Oil and Solid Fuel Board together with a \$25.00 non-refundable application fee.

### TYPE OF EXAMINATION

- ☐ Boiler Operator  
☐ 4<sup>th</sup> Class Stationary Steam Engineer  
☐ 3<sup>rd</sup> Class Stationary Steam Engineer  
☐ 2<sup>nd</sup> Class Stationary Steam Engineer  
☐ 1<sup>st</sup> Class Stationary Steam Engineer

**\$25.00 Application Fee. PAYMENT OPTIONS:**

☐ Check or Money Order Payable to "Treasurer State of Maine".

☐ Credit Card: MasterCard or VISA Only. Complete the following:

I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA     -     -     Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
in the amount of \$25.00 (application fee). Signature: \_\_\_\_\_

### NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS.

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

**SOCIAL SECURITY NUMBER.** The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

### NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Name of applicant (Legal Name): \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: ☐ Male ☐ Female

Boiler Operator Training Permit Held: ☐ Yes ☐ No Expiration Date: \_\_\_\_\_

Do you currently hold a Boiler Operator or Stationary Steam Engineer License? ☐ Yes ☐ No

If yes, State \_\_\_\_\_ Grade \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? ☐Yes ☐No  
If yes, please list date(s), crime(s) and submit a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction.

Have you successfully completed a Board approved High-Pressure Boiler Operator course?  
☐Yes ☐No If yes, please enclose a copy of your certificate.

**EMPLOYMENT RECORD:** In the space provided below, please describe in detail the experience that qualifies you to be examined for the class of license you have applied for. Such experience shall be limited to the actual operation of boilers by observation, manipulation, supervision or being in charge of such operations. This experience shall be in compliance with the Maine Board of Boilers & Pressure Vessels definition of "to operate", "supervise", or "have charge of" and satisfies the experience time required for the appropriate license.

<b>PRESENT OR LAST EMPLOYER:</b>	<b>From:</b> ____/____/____ <b>To:</b> ____/____/____
<b>COMPLETE ADDRESS:</b>	<b>Hours per week:</b>
	<b>Total Hours:</b>
<b>YOUR TITLE:</b>	<b>NAME OF ENGINEER IN CHARGE:</b>
<b>PLANT CAPACITY:</b>	<b>BOILER STEAM PRESSURE:</b>
<b>DETAIL OR WORK PERFORMED:</b>	

<b>PREVIOUS EMPLOYER:</b>	<b>From:</b> ____/____/____ <b>To:</b> ____/____/____
<b>COMPLETE ADDRESS:</b>	<b>Hours per week:</b>
	<b>Total Hours:</b>
<b>YOUR TITLE:</b>	<b>NAME OF SUPERVISING MASTER:</b>
<b>PLANT CAPACITY:</b>	<b>BOILER STEAM PRESSURE:</b>
<b>DETAIL OR WORK PERFORMED:</b>	

<b>PREVIOUS EMPLOYER:</b>	From: ____/____/____ To: ____/____/____
<b>COMPLETE ADDRESS:</b>	Hours per week:
	Total Hours:
<b>YOUR TITLE:</b>	<b>NAME OF SUPERVISING MASTER:</b>
<b>PLANT CAPACITY:</b>	<b>BOILER STEAM PRESSURE:</b>
<b>DETAIL OR WORK PERFORMED:</b>	

<b>PREVIOUS EMPLOYER:</b>	From: ____/____/____ To: ____/____/____
<b>COMPLETE ADDRESS:</b>	Hours per week:
	Total Hours:
<b>YOUR TITLE:</b>	<b>NAME OF SUPERVISING MASTER:</b>
<b>PLANT CAPACITY:</b>	<b>BOILER STEAM PRESSURE:</b>
<b>DETAIL OR WORK PERFORMED:</b>	

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**AFFIDAVIT**

Name of applicant:		
Contact Address:		
City:	State:	Zip Code:

**ENGINEER-IN-CHARGE OR SUPERVISOR COMPLETE THE FOLLOWING SECTION**

**TYPE OF EXAMINATION**

**(Check The Type of Examination The Applicant is Requesting)**

- ☐ Boiler Operator – **PREREQUISITE OPERATING EXPERIENCE:** Six (6) months operating experience under a boiler operator training permit operating.
- ☐ 4<sup>th</sup> Class Stationary Steam Engineer – **PREREQUISITE OPERATING EXPERIENCE:** One (1) year operating or supervising experience as a licensed Boiler Operator having charge of a heating plant of not more than 20,000 #/HR or operating or supervising a plant up to the capacity of the license of the engineer in charge of the plant in which the applicant is employed.
- ☐ 3<sup>rd</sup> Class Stationary Steam Engineer - **PREREQUISITE OPERATING EXPERIENCE:** One (1) year operating or supervising experience as a licensed 4<sup>th</sup> Class Engineer having charge of a plant of not more than 50,000 #/HR or operating or supervising a plant up to the capacity of the license of the engineer in charge of the plant in which the applicant is employed.
- ☐ 2<sup>nd</sup> Class Stationary Steam Engineer – **PREREQUISITE OPERATING EXPERIENCE:** Two (2) years operating or supervising experience as a licensed 3<sup>rd</sup> Class Engineer having charge of a plant of not more than 100,000 #/HR or operating or supervising a plant up to the capacity of the license of the engineer in charge of the plant in which the applicant is employed.
- ☐ 1<sup>st</sup> Class Stationary Steam Engineer - **PREREQUISITE OPERATING EXPERIENCE:** Two (2) years operating or supervising experience as a licensed 3<sup>rd</sup> Class Engineer having charge of a plant of not more than 200,000 #/HR or operating or supervising a plant up to the capacity of the license of the engineer in charge of the plant in which the applicant is employed.

THE APPLICANT LISTED ABOVE HAS WORKED UNDER MY SUPERVISION AND HAS MET THE PREREQUISITE OPERATING EXPERIENCE TO QUALIFY FOR EXAMINATION. THE INFORMATION GIVEN BY ME IN THIS AFFIDAVIT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Signature of Engineer-in-Charge or Supervisor

Date: \_\_\_\_\_

\_\_\_\_\_  
Name Printed

License #: \_\_\_\_\_